

<i>SERFF Tracking Number:</i>	<i>PRUD-125585435</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Prudential Annuities Life Assurance Corporation</i>	<i>State Tracking Number:</i>	<i>38643</i>
<i>Company Tracking Number:</i>	<i>IFSA-END-DTH85(7/08)</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>END-DTH85(7/08)</i>		
<i>Project Name/Number:</i>	<i>END-DTH85(7/08)/END-DTH85(7/08)</i>		

## Filing at a Glance

Company: Prudential Annuities Life Assurance Corporation

Product Name: END-DTH85(7/08) SERFF Tr Num: PRUD-125585435 State: ArkansasLH

TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable SERFF Status: Closed State Tr Num: 38643

Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: IFSA-END-DTH85(7/08) State Status: Approved-Closed

Filing Type: Form Co Status: IFSA Reviewer(s): Linda Bird  
 Authors: Joseph Boates, Larisa Disposition Date: 04/14/2008  
 GromykoPRUD, John Witteman,  
 Anthony Pereira, Carolyn Cargnel  
 Date Submitted: 04/08/2008 Disposition Status: Approved

Implementation Date Requested: 07/21/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: END-DTH85(7/08)  
 Project Number: END-DTH85(7/08)  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 04/14/2008  
 State Status Changed: 04/14/2008  
 Corresponding Filing Tracking Number:  
 Filing Description:  
 VIA SERFF

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Group  
 Group Market Size: Large  
 Group Market Type: Discretionary  
 Deemer Date:

April 8, 2008

*SERFF Tracking Number:* PRUD-125585435 *State:* Arkansas  
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*TOI:* A02.1G Group Annuities - Deferred Non- *Sub-TOI:* A02.1G.002 Flexible Premium  
Variable and Variable  
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Honorable Julia Benafield Bowman  
Insurance Commissioner  
Life and Health Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

Attn: Claudia Meeks, Rates and Form Filings

RE: Prudential Annuities Life Assurance Corporation ("Prudential, we, us")  
NAIC #86630 FEIN #06-1241288

Forms Submitted for Approval:  
Endorsement To Remove Death Benefit Age Restriction  
Form No. END-DTH85(7/08)

Dear Ms. Meeks:

Prudential respectfully submits for your Approval the referenced Endorsement. This Endorsement will be made a part of its underlying annuity. The Endorsement is new and does not replace any existing Endorsement. We believe there is nothing new, unusual, or that deviates from standard industry practice in this Endorsement. It is designed for new business use once your Department provides review and acceptance, and it will apply to certain annuities previously approved or acknowledged by the Department that include the death benefit age restriction described in the Endorsement.

We confirm that except for the amendments in the referenced Endorsement being filed now with your Department, all other provisions of any affected underlying annuity that has received prior approval by your Department remain unchanged.

The purpose of the Endorsement is to amend the sections of its underlying annuity that pertain to the death benefit provision by deleting the age restriction referred to as "cut-off date." The removal of the age restriction (currently age 85)

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will allow the beneficiary to receive a more favorable death benefit which is the greater of: (1) the Account Value; and (2) the Minimum Death Benefit, which is the sum of all purchase payments reduced proportionately by the amount of withdrawals. This replaces the current provision wherein if death occurs on or after the "cut-off date", the Death Benefit is only the Account Value.

Any certifications or other materials Prudential believes you require are enclosed. Unless otherwise informed, Prudential reserves the right to alter the layout, color, sequential order, and typeface of these forms. Prudential confirms that any such change will be in conformance with your requirements. Prudential also believes that these forms are exempt from any "Flesch Score" or readability requirements or regulations under the provision exempting contracts filed as securities under federal law, because this Endorsement will be used with variable annuities that are so exempted.

Should you have any questions concerning this submission, please contact the undersigned as indicated below.

Very truly yours,

Carolyn S. Cargnel  
Contract Specialist  
Phone: (203) 925-3883  
Email: carolyn.cargnel@prudential.com  
Fax: (203) 944-7737

## Company and Contact

### Filing Contact Information

Larisa Gromyko, Second Vice President, Larisa.Gromyko@Prudential.com  
Director - Contracts

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One Corporate Drive (800) 628-6039 [Phone]  
Shelton, CT 06484 (203) 944-7510[FAX]

**Filing Company Information**

Prudential Annuities Life Assurance CoCode: 86630 State of Domicile: Connecticut  
Corporation  
One Corporate Drive Group Code: 304 Company Type: Life  
P.O. Box 883  
Shelton, CT 06484 Group Name: Prudential Annuities State ID Number:  
(800) 628-6039 ext. [Phone] FEIN Number: 06-1241288  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: 1 Endorsement Filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Prudential Annuities Life Assurance Corporation	\$20.00	04/08/2008	19364163

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/14/2008	04/14/2008

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## Disposition

Disposition Date: 04/14/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	ENDORSEMENT TO REMOVE DEATH BENEFIT AGE RESTRICTION		Yes



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## Form Schedule

Lead Form Number: END-DTH85(7/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	END-DTH85(7/08)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	ENDORSEMENT TO REMOVE DEATH BENEFIT AGE RESTRICTION	Initial			Cutoff Date Age 85 Endorsement. pdf

**PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION  
ONE CORPORATE DRIVE  
SHELTON, CONNECTICUT 06484**

(A Stock Company)

**ENDORSEMENT  
TO REMOVE DEATH BENEFIT AGE RESTRICTION**

**Effective Date:** The Effective Date of this Endorsement is the Issue Date as shown in the Schedule of your Annuity.

**Owner/Participant:** The term "Owner" may be referred to as "Participant" in your Annuity. In this Endorsement, for simplicity, the Participant is referred to as Owner.

This Endorsement is made a part of your Annuity. If the terms of your Annuity and those of this Endorsement conflict, the provisions of this Endorsement shall control. With the exception of the amendment described below, no other sections or provisions of your Annuity are amended.

This Endorsement amends the Death Benefit provision of your Annuity by deleting the age restriction referred to as "Cut-off Date." The Cut-off Date section shown in the Schedule of your Annuity is not applicable. That section of the Spousal Continuation provision that references a spouse's age eligibility for the Minimum Death Benefit is not applicable and is hereby deleted. The section of the Death Benefit provision that describes the death benefit proceeds is amended to state:

The death benefit is as follows, and is subject to the conditions described in (1) and (2) below:

- (1) The death benefit is the greater of (a) and (b), where:
  - (a) is your Account Value in any Sub-accounts plus the Interim Value of any Fixed Allocations; and
  - (b) is the minimum death benefit ("Minimum Death Benefit"). The Minimum Death Benefit is the sum of all Purchase Payments reduced proportionately by the amount of any withdrawals. Each withdrawal reduces the Purchase Payments by the same ratio as the amount of the withdrawal to the Account Value prior to the withdrawal.
- (2) If a decedent was not named an Owner or Annuitant as of the Issue Date and did not become such as a result of a prior Owner's or Annuitant's death, the Minimum Death Benefit is suspended as to that person for a two year period from the date he or she first became an Owner or Annuitant. After the suspension period is completed, the death benefit is the same as if such person had been an Owner or Annuitant on the Issue Date. During the suspension period, the death benefit is your Account Value in the Sub-accounts plus the Interim Value of any Fixed Allocations.

**[PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION]**

[ \_\_\_\_\_ ]  
Secretary

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

03/28/2008

**Comments:**

**Attachments:**

AR - 7.pdf

AR - 7a.pdf

### Review Status:

**Satisfied -Name:** Application

03/28/2008

**Comments:**

Not applicable to filing.

### Review Status:

**Satisfied -Name:** Life & Annuity - Acturial Memo

03/28/2008

**Comments:**

Not applicable to filing.

**American Skandia Life Assurance Corporation  
(A Prudential Financial Company)  
One Corporate Drive  
Shelton, CT 06484**

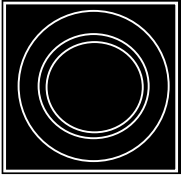
**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

I hereby certify that American Skandia Life Assurance Company complies with the requirements of Rules and Regulation #34 of the Arkansas Insurance Department regarding our Form No. END-DTH85(7/08)

A handwritten signature in cursive script, reading "Larisa Gromyko".

Larisa Gromyko – 2<sup>nd</sup> VP, Director - Contracts

April 8, 2008  
Date



**ARKANSAS  
INSURANCE  
DEPARTMENT**

400 University Tower Building  
1123 South University Ave.  
Little Rock, Arkansas 72204

Lee Douglass  
Insurance Commissioner

501-686-2900

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Prudential Annuities Life Assurance Corporation (A Prudential Financial Company)

Company NAIC Code: 86630

Company Contact Person & Telephone # Carolyn S. Cargnel (203) 925-3883

INSURANCE DEPARTMENT USE ONLY

ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_

ALL FEES ARE PER EACH INSURER. PER ANNUAL STATEMENT LINE OF BUSINESS.  
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing  
and review, per each policy, contract, annuity  
form, per each insurer, per each filing.

\* \_\_\_\_ x \$ 50 = \_\_\_\_

\*\*Retaliatory \_\_\_\_

Life and/or Disability - Filing and review of  
each rate filing or loss ratio guarantee filing,  
per each insurer.

\* \_\_\_\_ x \$ 50 = \_\_\_\_

\*\*Retaliatory \_\_\_\_

Life and/or Disability: Filing and review of  
Annuity Forms: Filing and review of each  
certificate, rider, endorsement or application  
if each is filed separately from the basic form.

\* 1 x \$ 20 = \$20.00

\*\*Retaliatory \_\_\_\_

Life and/or Disability: Filing and review of  
Insurer's advertisements, per advertisement, per  
each insurer.

\* \_\_\_\_ x \$ 25 = \_\_\_\_

\*\*Retaliatory \_\_\_\_

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an  
Insurer's Certificate of Authority.

\* \_\_\_\_ x \$400=\_\_\_\_

Filing to amend Certificate of Authority.

\*\*\*\_\_\_\_x \$100=\_\_\_\_

\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102,  
RETALIATORY TAX.

\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. § 23-61-401.